| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 48 | 9/13/01 |
| FORMALITY REVIEW | RC | 1080 | 10-3-01 |
| RESPONSE FORMALITY REVIEW | ITA | 355 | 01/23/02 |
| | | | |

## INDEX OF CLAIMS

| | | | |
|---|---|---|---|
| ✔ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | | Date | Claim | | Date | Claim | | Date |
|---|---|---|---|---|---|---|---|---|
| Final | Original | | Final | Original | | Final | Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)